



## CRS (Clinical Reporting System) 2005 (BGP v. 5.1)

### What Is It?

The Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) application designed for national reporting as well as local and Area tracking of clinical performance indicators. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators for local performance improvement initiatives, for Area-wide tracking, as well as for national agency reporting to Congress as required by the Government Performance and Results Act (GPRA). CRS is updated at least annually to reflect changes in clinical guidelines for existing measures as well as adding new measures to reflect new healthcare priorities.

CRS produces reports on demand from local RPMS databases for one or more of 41 clinical topics, comprised of over 250 individual indicators. Each *topic* has multiple indicators, consisting of one numerator and one denominator. The denominator is the total patient population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Reports display the total counts of each indicator's numerator and denominator and the percentage who meet the numerator. Reports also compare the site's performance numbers in the current report year (user defined) to the previous year and to a user-defined baseline year. Users can also request patient lists for each of the measures, displaying patients who do and do not meet the indicator criteria.

Local facilities can run reports for individual or all indicators as often as needed and can also use CRS to transmit national-level data to their Area for quarterly reporting. The Area Office can use CRS to produce an aggregated Area report for national-level data.

### Who Should Use CRS and Why?

CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results to Congress. IHS Federal (direct) sites are required to use CRS 2005 to provide annual national reporting of clinical GPRA measures.

Area and site Quality Improvement staff; Compliance Officers; GPRA Coordinators; clinical staff such as physicians, nurses, nurse practitioners, and other providers; Area Directors; as well as any staff involved with clinical quality improvement initiatives can use CRS to:

- Identify potential data issues in their RPMS (i.e., missing or incorrect data)
- Monitor their site's performance against past national performance and upcoming agency goals
- Identify specific areas where clinical business process or other changes should be made to improve performance
- Quickly measure impact of process changes on indicators

### CRS 2005 Indicator Topics (\*Topic includes one or more national-level performance indicators)

#### Diabetes Group

Diabetes Prevalence\*  
Diabetes Comprehensive Care  
Glycemic Control\*  
Blood Pressure Control\*  
Dyslipidemia (Lipids) Assessment\*  
Nephropathy Assessment\*  
Diabetic Retinopathy\*  
Diabetic Access to Dental Services\*

#### Dental Group

Access to Dental Services\*  
Dental Sealants\*  
Topical Fluoride\*

#### Immunization Group

Adult Immunizations: Influenza\*  
Adult Immunizations: Pneumococcal\*  
Childhood Immunizations\*

#### Cancer Screening Group

Women's Health: Pap Smear Rates\*  
Women's Health: Mammogram Rates\*  
Colorectal Cancer Screening  
Tobacco Use Assessment\*  
Tobacco Cessation

#### Behavioral Health Group

Alcohol Screening (FAS Prevention)\*  
Intimate Partner (Domestic) Violence Screening\*  
Depression/Anxiety Screening\*

#### Cardiovascular Disease-Related Group

Obesity Assessment\*  
Childhood Weight Control  
Nutrition and Exercise Education for At Risk Patients  
CVD and Cholesterol Screening\*  
CVD and Blood Pressure Control  
Controlling High Blood Pressure  
Comprehensive CVD-Related Assessment  
Beta-Blocker Treatment after a Heart Attack  
Persistence of Beta-Blocker Treatment after a Heart Attack  
Cholesterol Management after Acute CVD Event

#### STD-Related Group

Prenatal HIV Testing and Education\*  
HIV Quality of Care  
Chlamydia Screening

#### Disease-Specific

Osteoporosis Management  
Asthma  
Asthma Quality of Care  
Chronic Kidney Disease Assessment

#### Other Clinical Indicators

Medications Education  
Public Health Nursing\*

## How Does It Work?

To produce performance reports with comparable data across every facility, the indicator definition is “translated” into programming code with the assistance of clinical subject matter experts. This means that an English text expression is defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard international healthcare codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.). For terminology that is not standardized across each facility, such as lab tests, CRS uses taxonomies (groups of “like” codes) that can be populated by an individual facility with its own test names. CRS has been described as a “scavenger hunt,” looking at multiple fields recorded primarily in the RPMS Patient Care Component (PCC), including V POV (purpose of visit), V Lab, V Procedures, and V CPT. It is critical that sites have links turned “on” to PCC from other RPMS applications, such as CHS or RCIS, so that data is passing into PCC for CRS to find.

## Features and Key Changes for 2005 (BGP version 5.1)

Development of CRS version 5.1 began in October 2004, and the software will be released in June 2005.

- New indicator topics include: Topical Fluoride (new GPRA); Beta-Blocker Treatment After a Heart Attack (new); Persistence of Beta-Blocker Treatment After a Heart Attack (new); Cholesterol Management After Acute Cardiovascular Disease Event (new); Osteoporosis Management (new); and Asthma Quality of Care (new).
- Six basic types of reports are included in CRS 2005 Version 5.1: National GPRA, Selected Indicators (local), CMS, GPRA Performance, Elder Care, and HEDIS.
  - **National GPRA report** includes 22 individual GPRA performance measures and 9 other key clinical indicators. The National report is predefined to report on only the American Indian/Alaska Native (AI/AN) population during the time period July 2004-June 2005, with comparison to baseline year 2000. Sites must specify their “official” communities of residence to report on.
  - **Selected Indicators reports** for local use can be produced for one or multiple clinical performance topics as selected by the user. Each topic will contain all related indicators (specific denominators and numerators). Users can select different populations by specifying one or multiple communities of residence, a patient panel (pre-defined list of patients), or all patients (any community). Users can also select American Indian/Alaska Native (AI/AN) only, non-AI/AN only, or both.
  - **(NEW) CMS report** for use by IHS hospitals to report CMS hospital quality data for 10 required performance measures for heart attack, heart failure, and pneumonia.
  - **GPRA Performance report** includes all indicators included in the National GPRA report except users may select the report and baseline periods and patient population.
  - **(NEW) Elder Care report** contains quality of care indicators for patients 55 and older.
  - **HEDIS report** contains 17 indicators described in the *HEDIS 2005 Effectiveness of Care Guidelines*. HEDIS is a national standard for clinical performance measurement developed by the National Committee for Quality Assurance (NCQA) and can be used for sites wanting to obtain NCQA accreditation to report on their performance.
- Patient Lists can be produced for the National GPRA and GPRA Performance reports, and users choose whether to include patients meeting an indicator, not meeting an indicator, or both. Patient Lists can also be produced with the Selected Indicators (i.e. Local) reports, however, users do not get to choose who to include in the lists.
- Areas can aggregate exported National GPRA, GPRA Performance, Elder Care, and HEDIS report data files from individual sites into Area-wide reports.
- Site-defined taxonomies are used to identify facility specific terminology for lab tests so that indicators can be compared across all facilities.
- **(NEW)** Optional graphical user interface (GUI) for the CRS application for users who want to run the application in a Windows-based environment.

## What Is Clinical Performance Assessment?

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health indicators. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this primarily means annual GPRA performance reports to Congress.

## System Requirements (\*Patch number may change)

- Kernel 8.0 or higher
- FileMan 21 or higher
- IHS Patient Dictionaries (AUPN) Version 99.1 through patch 14\*
- PCC Management Reports Version 3.0 through patch 16\*
- Taxonomy System Version 5.1 through patch 6\* for roll and scroll, patch 7\* for GUI
- XB/ZIB Utilities Version 3.0 through patch 9\*
- AUM Table Update Version 5.1 through patch 8\*

For further information, <http://www.ihs.gov/CIO/gpraplus>  
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